<u>PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL</u> <u>SUBSIDY IN TERMS OF RBE No. 147/2017</u>

CLAIM FOR THE FINANCIAL YEAR: -

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

1.	Name of the Employee	:	
2.	P.F. No./Employee No.	:	
3.	Designation	:	
4.	Office & Bill Unit No.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in	:	
	Central Govt., PSU, State Govt. (give details)		
7.	Designation, Office & B.U. No. of spouse, if spouse is employed in Railway:		

8. Details of all the children of the employee:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

Sl. No.	Name	DOB	Age
1.			
2.			

10. Academic year, Name of School/Residential School and Class in which children studied:

 1 st Child	2 nd Child			
·				

- 11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed).....
- 12. Amount of CEA/Hostel Subsidy already received up to previous quarter:
- 13. The Academic year for which CEA /Hostel Subsidy is applied now: ...
- 14. (a) Whether the child for whom the CEA is applied for is a disabled child: YES/NO
 - (b) If yes, indicate the nature of disability:
 - (c) Date of disability certificate.
 - (d) Indicate the percentage of disability:
- 15. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
- 16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

17.	If Yes at Item No. 16, Amount claimed for Hostel Subsidy:
18.	(i) Certified that the fee/amount indicate above had actually been paid by me.
	(ii)Certified that my wife/husband is/is not a Central Government Servant.
	(iii)Certified that my husband/wife Sri/Smt: is presently working
	as: inand that he/she shall not apply/has not applied
	for the Children Education Allowance for the child mentioned above.
	(iv) Certified that I or my wife/husband has not claimed this re-imbursement from any

- (iv) Certified that I or my wife/husband has not claimed this re-imbursement from any other source and will not claim the same in future.
- 17 Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.
- 18. The information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Signature:

Name:

Design & Station

Working Under:

Date:

The family composition of the claimant has been verified from the official records such as Pass Declaration/Register etc and found correct.

Date:

Signature of Sr. Subordinate With office seal and stamp

FOR OFFICE USE ONLY

SI. No.	Name of staff	P.F.No.	CEA Amount	Hostel Subisdy Amount if any	Total

Forwarded to: Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Bill Compiling Officer

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

	This is to	certify that	Master/Baby,	/Mr./Miss		•••••	Roll
no		Admission	No.			son	of
Sri/Sm	t		is	a bonafide	e student of	this school an	d studied
in Clas	s d _u	ring the financia	al year		and as per	School record	ds his/her
date	of	birth	is			in	words
**********	••••	***************************************		***************************************	*********		
	This is to als	so certify that	the above na	med child	had studie	d in this scho	ool in the
previo	us academic y	ear	*******				
	He/She bears	a good moral c	haracter				
** Du	ring the year	Master/Baby/N	/lr./Miss		***************************************	had r	esided in
the res	sidential comp	lex (Hostel) of t	he school and	paid an ar	mount of Rs.	•••••	toward
boardi	ng and lodging	g in the resident	ial complex.				
	·						
This	Institu	tion/School	is	affiliat	ed	recognized	by
**********		*******************	«»«» «««» ««» ««» «» «» «» «» «» «» «» «	. and th	e affiliation	/recognition	Number
is							
Dated: Place:							
riace.					Signat	ure Head of tl	he
						tution/School	
					(With	Stamp and sea	31 <i>)</i>
**(Stri	ke out it is not	applicable)					